hours ofter death.

executed

death

PRODUCTION OF THE PROPERTY OF 3

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01984 2. USUAL RESIDENCE (Where decessed lived, If institution r Residence before edmission) PLACE OF DEATH a. COUNTY b. COUNTY a. STATE Md. Kent y the land 2 MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Chesterville 26 vrs. Chesterville d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) completely 4. DATE 3. NAME OF First Middle Lest Month DECEASED OF DEATH (Type or print) Edwin Cooper Bennett February 6, COLOR OR RACE 7, MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH last birthdey) and Male White WIDOWED [DIVORCED December.6.1890 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) physician 10e. USUAL OCCUPATION (Give kind of work remove done during most of working life, even if retired) Retired Master Miner Capt. Boat Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME altending James C. Bennett ple Sarah L. Cooper 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | [[fyesgivewarordetesofservice] 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) peen

W.W.1 & W.W11 195*05-6474 Mrs. Naomi A. Bennett, Chesterville, Md. INTERVAL BETWEEN ONSET AND DEATH Conditions, if eny, which gave rise to immediate ceuse (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? NO P 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20+, ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

CERTIFICATION

20c. TIME OF INJURY Hour a.m.

Month, Dey, Year While

Not While al work at work

20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town)

PHYS.

(Stete)

e. IS RESIDENCE

19 62

IF UNDER 24 HRS.

Year

Dev

Days

U.S.A.

12, CITIZEN OF WHAT COUNTRY?

Months

ON A FARM? YES NO

21. | certify that (i) (this hospital) attended the deceased from Com

1962 and that death occured at ATM, from the causes and on the date stated above.

M.D.

STAFF

1957 to Feb 1 1962 that (1) (we) last

(County)

226. DATE SIGNED

(Stala)

22 SIGNATURE

23e. BURIAL, CREMATION, | 23b. DATE THEREOF

22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY

ATTENDING

MILLINGTON

DIRECTOR

0

Feb. 14, 1962 24_FUNERAL DIRECTOR'S SIGNATURE

Crumpton Cemetery ADDRESS

23d. LOCATION (City, fown or county) Crumpton, Q.A.Co:

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Circling S. House

HOSPITAL Bath, Page A FUNERAN VR A15 (4) 15M 9/60

has the

certificate

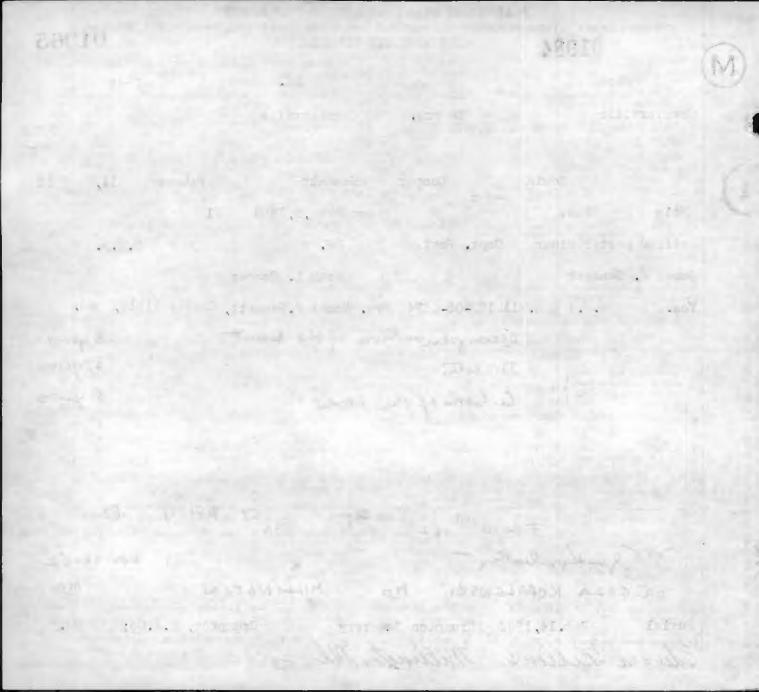
After this

CTOI

24 hours

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certificate be executed

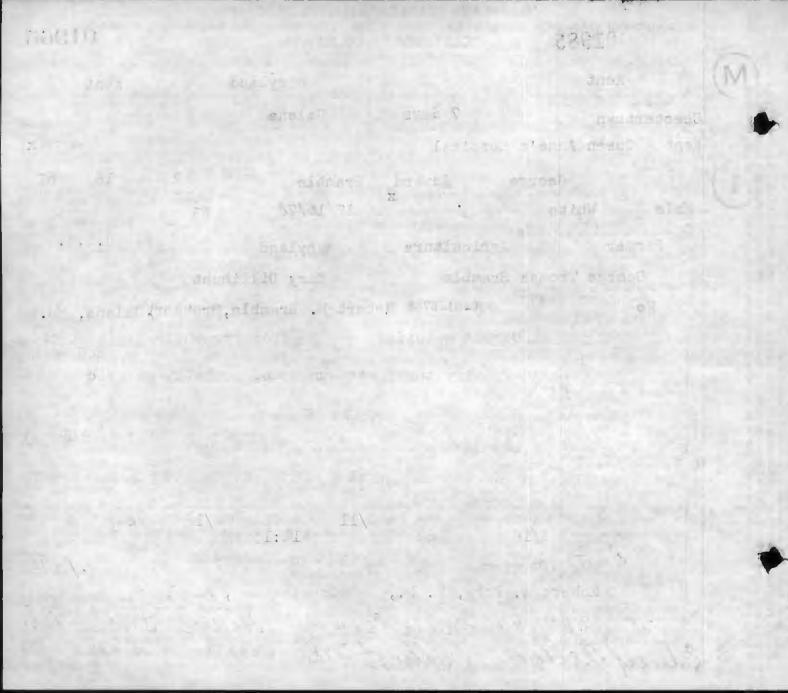


72

MARYLAND STATE DEPARTMENT OF HEALTH

STREET, BALTIMORE 1, MARYLAND 966 OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON 01985 CERTIFICATE OF DEATH

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (Whara dac			ce bafore edmission)
•. COUNTY Kent	MARYLAND	a. STATE Mary	rland	b. COUN	Ken Ken	t
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outsida corpor	ata limits, writa	RURAL and give	naarast town)
Chestertown	7 days	X Galene	9			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	giva street addrass)	d. STREET ADDRESS				B. IS RESIDENCE
Kent & Queen Anne's Hospi	ital	1				YES NO K
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day	Year
(Typa or print) George	Edward	Bramble	DEATH	2	18	19 62
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED [8	. DATE OF BIRTH	9.	AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male White WIDOWED	DIVORCED [12/16/78		83 yrs.	Months Days	Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if railrad)	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & Stata, or fo	oraign country)	12. CITIZEN O	F WHAT COUNTRY
ten .	culture	Marylar	h		U.	S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
George Thomas Bramb	ole	Mary I	illih	int		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC	IAL SECURITY NO. 17. 1	NFORMANT	*****	Address		
	01-8788 Rol	pert N. Bra	mble.	Brothe	r) Galen	o Ma
1B. CAUSE OF DEATH Entar only one causa par lina for	or (a), (b), and (c).)		4	JI 0 0 110.	" INI	ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY Carcin	nomatosis	fr	om per	sonal	knowle	dge abbu
230 X DUE TO					01	ne week
Conditions, if any, which) (b) Prima	my tumor	ite unknow	20 20 20 20	hohlar	cost mi	
gave risa to immadiate causa	ta y tourion c	TOC-MINITON	ii, bic	Duanty	Paport	C
(e), stating the undarlying causa last.						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NO	T RELATED TO THE TERMIN	VAL DISEASE C	ONDITION GIV	EN IN PART 1(a) 1	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB						PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIB	E HOW INJURY OCCURED	. (Entar natura of injury in	Part I or Part II	of itam 18.)	,	
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
20c. TIME OF INJURY Month, Day, Yaer 20d. INJU.		CE OF INJURY (Home, farm		or town)	(County)	(Stata)
ZOc. TIME OF INJURY Month, Day, Yaer 20d. INJU Hour a.m. p.m. 19 at work	Not Whila lact	ory, straat, offica bidg., alc.	.]			
21. I certify that (I) (this hospital) attended	the deceased from	/ 7 7	190 to 5	/3 d	190	hat (1) (we) las
saw the deceased alive on 2./1.8		/		1		
22a. SIGNATURE	17	debiii occaroo joil	15" 111	1110 0011303	Direction of	22b. DATE
B G Th Farm	A.4		MED.	STAFF PHYS.		SIGNED
22c. PHYSICIAN'S	///	22d. ADDRESS				2/20/62
NAME (Type) Robert W. Farr	, M. D.,	Chester	town.	Maryla	and	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23		OR CREMATORY		TION (City, toy		n (Stata) n
Burial Tel. 21, 62 9	Falena C	em.	Hali	Ma	Lentl	a, Md.
24 FUNERAL DIRECTOR'S SIGNATURE	CAPORESS	// Dans //	'D BY REGISTE	-	SISTRAR'S SIGNA	TURE
Edward Fellows	Milleria	the MANDATE	FEB 23 '6	52	Inthus 2. 16	tail®
puring your	H		-	-		



15M 9/80

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01985
CERTIFICATE OF DEATH
01967

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
a. COUNTY Kent MARYLAND	a. STATE Maryland b. COUNTY Kent
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) Rural - Worton c. LENGTH OF STAY IN 1b lifetime	c. CITY OR TOWN (If outside corporeta limits, write RURAL end give nearast town) Rural Worton
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) At Home (Coleman's Corner)	d. STREET ADDRESS Coleman's Corner on a farmy yes no part
3. NAME OF DECEASED (Type or print) Josephine R. Middle Br	own last DATE OF DEATH Feb. 18, 1962 19
Town I am I a	Aug. 29, 1895 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired) Laborer Cannery	11. BIRTHPLACE (County & State, or foreign country) Kent Co. Maryland USA
Joshua Stouts	Georganna Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. In the second security of the second security of the second second security of the second	
Conditions, if any, which gave rise to Immediate couse (e), staling the underlying couse last. (c)	t vertuerlat failure 12 kour
13 by pertension	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO (Enter nature of injury in Part I or Part II of item 18.)
	, Lina natura di mpury meran i di reni ii di meni 10.7
	CCE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State) tory, streat, office bldg., etc.)
	May 19 319, to Feb 18, 1962 that (I) (we) last death occurred at 0.5M, from the causes and on the date stated above.
No. of the second secon	ATTENDING MED. STAFF PHYS. 2/18/62 SIGNED
PHYSICIAN'S NAME (Type) Florence D. Joyce	RFD Worton, Md.
238. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2/24/62 Coleman's	OR CREMATORY 23d, LOCATION (City, fown or county) (Stete) Cemetery Worton - RFD Maryland
Lenneth Walley Chestertow	on, Md. 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

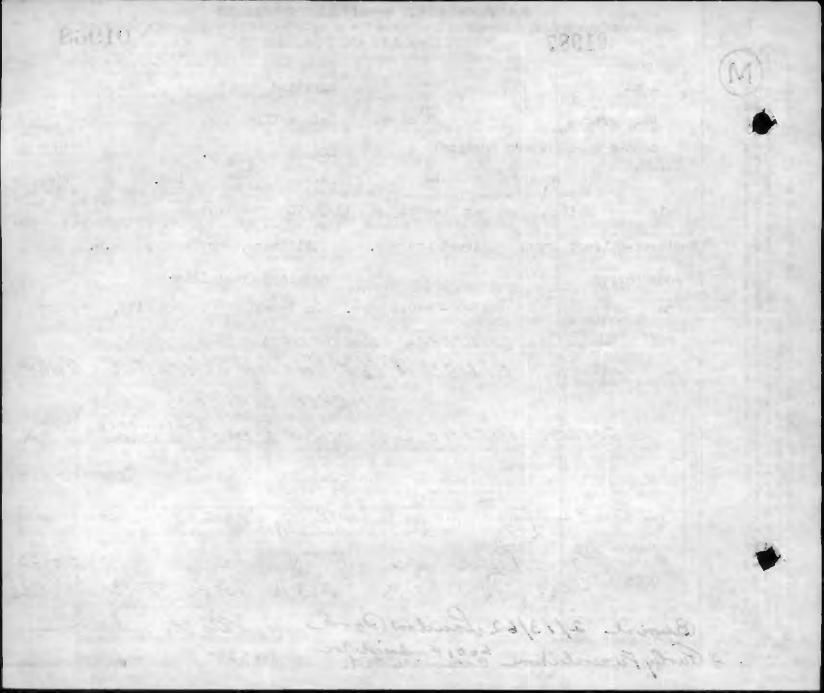
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 feet by the hospital or attending physician. TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 found be detached for use as the burial-transit permit. Then please remove carbon papers. Page and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deafn.

VR A15 (4) 15M 9/60 70

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01987 CERTIFICATE OF DEATH

	1. PLACE OF DEATH		7	11	CE (Where deceased lived,		ence before admission)		
			MARYLAND	e, STATE	b, cot	MIY Bala	time mel		
	b. CITY OR TOWN (if outside corpo write RURAL and give neares) t	prate limits, c.	LENGTH OF STAY IN 16	Maryland	f outside corporate limits, wi	ite RURAL and giv	re nearest town)		
7	Chestertown d. NAME OF HOSPITAL OR INSTIT		21 days	Catonsvi	lle	0	3x - 2		
-				d. olker Appless			ON A FARM?		
	Kent & Queen	and the same of the same of	T	206 Shad	ynook Ct.		YES NO X		
	3. NAME OF DECEASED	First	Middle	Lesi	4. DATE Mor	nth De	ey Year		
		loward	Leo	Dorsey	DEATH Fe	b. 9	19 62		
	5. SEX 6. COLOR C	R RACE 7. MARRIED	NEVER MARRIED	DATE OF BIRTH	9. AGE (In year last birthdey	IF UNDER 1 YEA			
	Male White		DIVORCED _	11/30/90	71 yrs.	1			
	10a. USUAL OCCUPATION (Give kind done during most of working life, ever		OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Coun	ty & State, or foreign countr	y) 12. CITIZEN	OF WHAT COUNTRY?		
	Employee-Calvert I	Drugs Calv	vert Drug Co.	Baltim		U.	S		
-	John Dorsev			Magdalen	e Brushmiller				
-/	15. WAS DECEASED EVER IN U.S. AR		CIAL SECURITY NO. 17.		Addre				
	no		-07-2970 N	irs. John Pow	ell Churc	h Hill,			
	18. CAUSE OF DEATH Enter	7	for (a), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUS		LONARY E	MBOLU	5				
	732 DUETO A+ F/1/7 1-10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -								
	Conditions, if eny, which								
	gave rise to immediate cause (a), stating the underlying	DUE TO		./ -	T/was				
	ceuse last.	(c)		HEAR!	FAILURE				
	Z PART II. OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BUT NO	OT RELATED TO THE TERMI		WEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?		
0	3 DARTER	10 50 (ERO	tic CARDI	DUASCULAR 1	USBASE C	ess horis	YES NO		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS WITH IN PART II. WAS AUTO TO PERFORME TO THE TERMINAL DISEASE CONDITIONS OF THE WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH OF PART II. OTHER MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF PART II. OTHER MEDICAL EXAMINER) 201. THE FITHER NOTIFY MEDICAL EXAMINER)							-		
		AMINER)							
	0			CE OF INJURY (Home, farm tory, street, affice bldg., etc.		(County)	(State)		
	Hour a.m.	19 While	Not While 180	iory, sireor, office orage, esc	" [
	21. I certify that (I) (this	- hospital) attended	the deceased from.	1-19	1962 10 2-9	- 196	that (I) (and) last		
	saw the deceased alive o	2-9-	19 62 and tha	t death occured at 2.	5PM, from the cause				
	22e. SIGNATURE	D	000	ATTENDING	MED, STAFF		22b. DATE SIGNED		
	Tar	us tall	e Masso		DIRECTOR PHYS.		2-10-62		
1	22c: PHYSICIAN'S NAME (Type)	do. D.	1 /200	22d. ADDRESS	10	of al.	a took " le		
1	THE	ery tau	1 1055	203 N	· queen	SI CHE	SIERTOWN, NIK		
	23a. BURIAL, CREMATION, 23b. D.	ATE THEREOF 2:	SAME OF CEMETERY	OR CREMATORY	238. LOCATION (City,	own or county)	(Stete)		
	Burial 2/	13/620	audon o	ark	Balt	- hi	0		
1	24 FUNERAL DIRECTOR'S SIGNATUR	64	ADDRESS	Bollere 250. RE	O'D BY REGISTRAR 256.	EGISTRAR'S SIGN	NATURE		
2	Garley Funeral.	Herne C.	truesiele ?	nd DATE	EB 1 5 '62	Orthun S. 9	Track		
	7						1		



arrer		nerai	pino	_
LO DOSKING OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 44 hours after		he ful	74	be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather
200		oy the	and	dear
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Deli		etely	pers.	2 4
Xec		dmo	bal a	Z
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dear		ding	plea	nd.
ine		after	hen	/al, ;
nat	ć	the	<u>-</u>	ешо
II Pes	sicia	SCIOR: After this certificate has been signed by the attending physician and completely file:	Derm	7
199	phy	igne	nsit	tion,
<u>≽</u>	ding	en s	al-tra	еше
20	aften	as be	buria	al, a
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	spita	t.fica	8 93	or to
ZZ	e ho	160 E	or us	prio
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ZINC	9 Pe	Afte	tach	Ť
1	staine	3	e de	pt.
A	96	CIC	유	e De
	7	Ψ	ĮĢ.	Stat
7	4	S.L.	e c	the
	G & death. Page 4 7 be retained by the hospital or attending physician.	> TO FUNERAL	bed '	¥.
ב כרי	ıt.	FUN	actor	filed
2	dea	2	di.	2
-	VR	Al	5 ((4)
	15	W.	川順	U

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution; Residence before admission) a. COUNTY **b.** COUNTY Maryland Kent Kent MARYLAND b. CITY OR TOWN (I outside corporete lim ts, c. CITY OR TOWN (If outside corporate limits, write RURAL endigive nearest lown) c. LENGTH OF STAY IN 16 Rural and Chestertown vears Rural - Chestertown, Md. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address d STREET ADDRESS . IS RESIDENCE ON A FARAV. At Home RFD Quaker Neck Quaker Neck ${\sf RFD}$ YES NO P 3. NAME OF DECEASED 2/18/62 Walter Gratton DEATH (Type or print) 19 6. COLOR OR RACE | 7. MARRIED ** NEVER MARRIED 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8 DATE OF BIRTH Sobirthday) Months Deys Oct. 7, 1903 Hours male WIDOWED [10a, LSUAL OCCUPAT ON IG ve kind of work 106 KIND OF BUSINESS OR INDUSTRY II BREMPLACE County & State or to sign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Phila. Penna. Retired Finance 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine Ada Oswin James W. Gratton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT 15. WAS DECEASED EYER IN U.S. ANNIE (Yes, no, or unkown) (Ifyesgivewerordatesofservice) 070-03-66 Address RFD Helen Gratton - Chestertown, Md. 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Sarcinoma of right lung IMMEDIATE CAUSE (e) 2 months DUE TO Conditions, If any, which geve rise to immediate ceuse **DUE TO** (e), stating the underlying cause last. PART II. OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.21, 19. WAS AUTOPSY PERFORMED? NO K CERTIFIC 20s. ACCIDENT WAS UNDERLY NG 1 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING [CAUSE OF DEATH | (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Homa, ferm, 20f. (City or town) (County) (Stelle) Month, Dey, Yeer While ___Not While factory, street, office bldg., etc.) Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from January 15, 1962, to Feb. 18 , 1962, that (I) (we) last saw the deceased alive on Feb. 18 19 62, and that death occurred at 11pm, from the causes and on the date stated above. 22e. SIGNATURE 22b. DATE ATTENDING SIGNED Al Bick MD. STAFF D RECTOR PHYS. PHYS. XX 22d, ADDRESS 22c, PHYSICIAN'S A. C. Dick NAME (Type) Chestertown, Md. 238. BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify) 2/21/62 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (Stete) 2/21/62 Pocasset Cranston, R. I. Cem. Burial 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Chestertown, Md. 成品 21 162 Conthur & Thomas

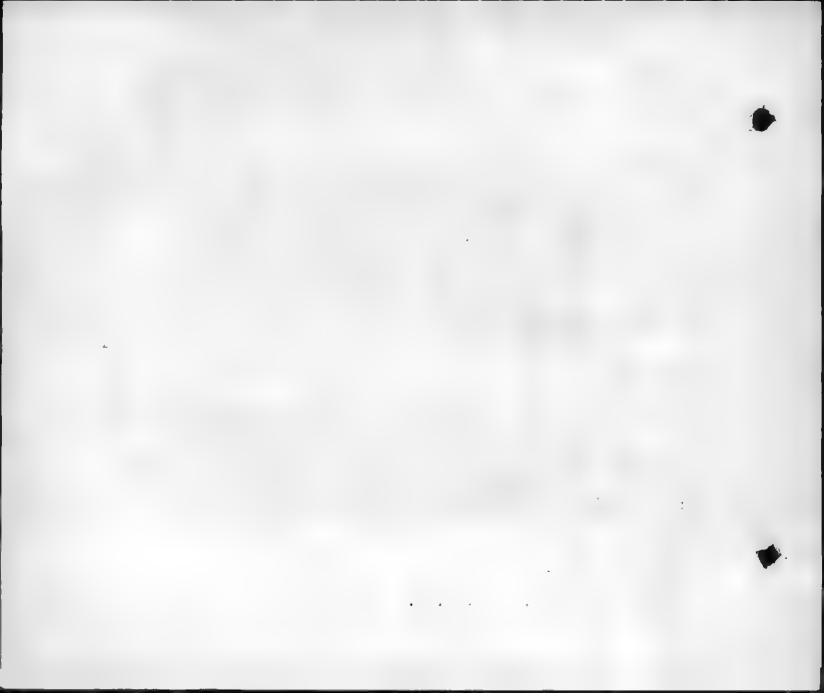


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01989 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 1970

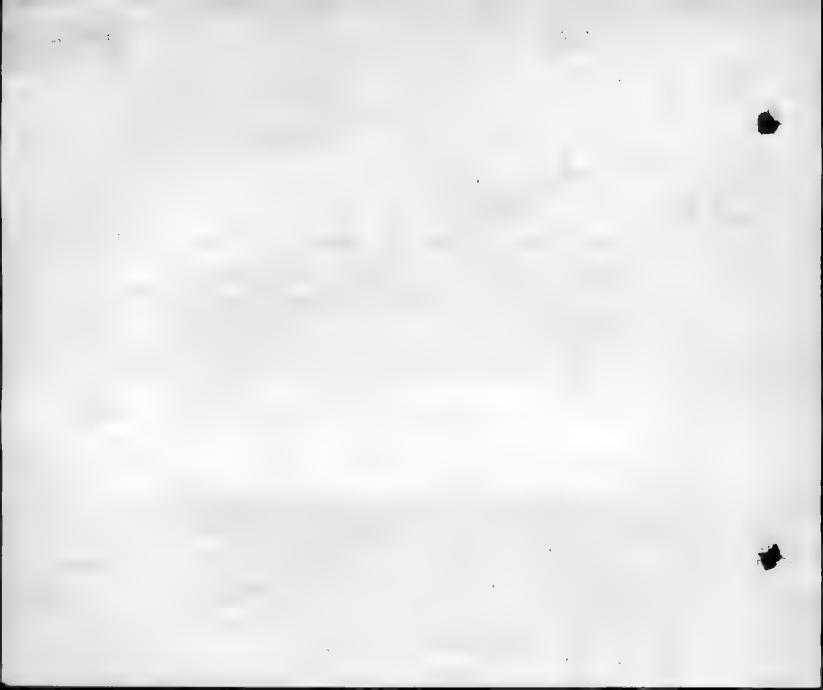
	1	PLACE OF DEATH a. COUNTY KENT MARYLAND 2. USUAL RESIDENCE (Where deceased lived If Institutions Residence before admission) b. COUNTY KENT MARYLAND
	ト	CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) BETTERTON C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BETTERTON
	d	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
	- (NAME OF DECEASED (Type or print) EDITH P. GUNDERSON 4. DATE Month Day Year OF DEATH FEB. 13 1962
	5. S	TEMALE WHITE WIDOWED & DIVORCED MAR 13, 1883 78 yrs. Months Days Hours Min.
	100 d	USUAL OCCUPATION (Give kind of work dane) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? HOUSE WORK DOMESTIC MARYLAND 12 CITIZEN OF WHAT COUNTRY? U.S. A.
1	13.	HENRY F. GOSMAN 14. MOTHER'S MAIDEN NAME ALETHIA CAMPBELL
7		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address Address Address 213-32-1/36 MRS, LELIA WALMSLEY SUDLERSVILLE, MI
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: MAMEDIATE CAUSE (e) Coronary Thrombosis DUE TO DUE TO
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. (c)
by .	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum \text{NO} \) NO \(\sum \text{Y} \) Y
		20s. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour a.m. 100. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 100. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	4	21. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . Inquiry . Inquiry . and find that
		death resulted fram: Natural causes XXXAccident , Suicide , Hamicide , Undetermined cause .
		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER C
.1		ASSISTANT MEDICAL EXAMINER TO Feb. 13, 1962 NAME (Type) Robert W. Farr. M. D. DEPUTY MEDICAL EXAMINER Feb. 13, 1962
	220	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS

VS. A15ME(5) 5M 9/55



	DIVISION OF STATISTICAL RESEARCH AND RECORDS	EPAKIMENT OF HEALTH S. 301 W. PRESTON STREET, BALTIMORE 1, M	ARYQ10971
	01990 CERTIFICAT	E OF DEATH	
	1. PLACE OF DEATH a. COUNTY Vent	2. USUAL RESIDENCE (Where deceased lived, If Institution.	
	b. CITY OR IOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (if outside corporate I mits, write RURAL an	ent. d give nearest town]
,	write RURAL and give necess town: Millington Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	Millington Rural	A IS RESIDENCE
	Home of Mrs. John O'Neil	d district About 3	ON A FARM? YES NO
	3 NAME OF First Middle DECEASED [Type or print] Lvdia	Lest 4. DATE Month OF DEATH PERSONNEL	Day Year
	ТАСТА	8 DATE OF BIRTH 9. AGE (In yeers if UNDER)	16, 19 62 1 YEAR IF JNDER 24 HRS.
		January, 3, 1864 98 yrs.	TIZEN OF WHAT COUNTRY
	Housework Domestic 13. FATHER'S NAME	Pa. U.S	S.A.
	Unknown	Mary E. Smith	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yas, no, or unkown) (liyes give wer or deles of service) NONE 18. CRUSE OF DEATH [Enter only one ceuse ger line for (a), (b), and (c).	s. Louis Hollett, Millington,	Md.
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6)	ity,	ONSET AND DEATH
	Conditions, if any, which y (b) General harde	ining of Olaterne	
	gove rise to immediate couse (a), stoling the underlying OUE TO Character (b)	thrit	25 years
	PART 11. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PAR	PERFORMED?
	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 206. ACCIDENT WAS UNDERLYING TO 206. DESCRIBE HOW INJURY OCCURES OF CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO CAUSE OF DEATH	D. (Enter neture of injury in Part I or Part I of Item 18.,	YES NO
			unty) (State)
	P.m. 19 et work at work	clory, street, office bldg., etc.]	
	21. I certify that (I) (this hospital) attended the deceased from	at death occured at A.M., from the causes and on	6.2 that (1) (we) last the date stated above
	220. S GNATURE	ATTENDING MED. STAFF	22b. DATE SIGNE
	22c. PHYSICIAN 5 NAME (Type) GF7 A 1/22 A 1 F116 W	M.D. PHYS. DIRECTOR PHYS.	2.17.62
	230. BUR AL, CREMAT ON, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 1238. LOCAT ON (C py-town or count	ly] (Stefa)
	Burial Feb. 18, 1962 Millington	Cemetery Millington Kent	
20	Endurand Follows Millington	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S DATE FEB 2 1 '62 Civilian &	n
8 1	www. wig There was	Contract 2	





AARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY MARYLAND c, CTY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) b. CITY OR TOWN (if outside corporais I mits, E. LENGTH OF STAY IN 1h . IS RESIDENCE ON A FARM? YES NO Z 3 NAME OF DECEASED (Type or print) 5. SEX AGE In years IF UNDER 1 YEAR ! IF UNDER 24 HRS. lest birthdey) WIDOWED DIVORCED physician 10a. USJAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY done during most of work ng fife, even if retired) In ani 13. FATHER'S NAME please 15. WAS DECEASED EVER IN U.S. APPLIED FORCES? , 16. SOCIAL SECURITY NO. 17. (Yes, no or unknwn) [liyasgivewaroudatesofservice] 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c), SHEET AND DEATH Probable Bronchial Pneumonia IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stelling the underlying couse lest. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19, WAS AUTOPSY PERFORMED: 200. ACCIDENT WAS UNDERLYING | 20b. DESCR BE HOW INJURY OCCURED. (Enter nature of injury in Port I or Port II of item 18.)

OR CONTRIBUTING | CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) After 20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED, 20e, PLACE OF INJURY (Home, ferm, 20f. (City or lown) (Stelle) While Not While fectory, street, office bldg., etc.) at work at work 21. I certify that (I) (this hospital) attended the deceased from Jan 12 1962 to Feb 5 1962, that (I) (we) last saw the deceased alive on Feb .. 5 22b. DATE 22a SIGNATURE ATTENDING PHYS. SIGNED 2/5/62 DIRECTOR PHYS. M.D. 22d, ADDRESS 22c. PHYSIC.AN'S Chestertown, Maryland Robert 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, fown or county) REMOVAL (Specify) . ₹ , 5 0 Feb. 8.1962 Evergreen Cemetery Camden New Jersev 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATA **VR A15 (4)** Chestertown, Md. 15M 9/60 Certiner & Trans DATE



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1793

CERTIFICATE OF DEATH

()1974

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i	PLACE OF DEATH		1		ENCE (Where decease	ed I ved, finstitution Res	idence before edm.ssion
1	K	ent	MARYLAND	e. STATE Ma	arvland	E. COUNTY Kent	5
ı	b CITY OR TOWN (if ou write RURAL and giv	ilside corporate limits,	LENGTH OF STAY IN 16	c. CITY OR TOW	N (If outside corporete	limits, write RURAL and g	ve nearest town)
ı	Chestertown		17 hrs.	X B	etterton		
Ì		OR INSTITUTION (if not in hospital		d STREET ADDRE	SS		IS RESIDENCE ON A FARM?
	Kent & Queen	Anne's Hospital			-0 -0 -0		YES NO
	3. NAME OF DECEASED	First	Midd e	Lesi	4. DATE OF	_	Day Yeer
ı	(Type or print)	Joseph	Tomlinson	Minster	DEATH F	ebruary l	9, 1962
	5. SEX 6.	White WHOWED		11/6/77	last	GE (In yeers IF UNDER 1 YE birthdey) Months De	
	10a. USUAL OCCUPATION done during most of working	(Give kind of work 10b. KIND	OF BUSINESS OR INDUSTR		ounty & State, or forei	4	EN OF WHAT COUNTRY
	Ret. Lette	r Carrier U	. S. Mail	Pennsyl	vania	1 0.5	.A.
١	13. FATHER'S NAME	16 mark and		14. MOTHER'S MAID			
	Edward B.				na Ettinger		
	(Yes no, or unkown) (If yes	N U.S. ARMED FORCES? 16 SC	CIAL SECURITY NO 17, I		//2	Address	
				an Townsend	IRFD#1, Che	stertown, Md.	
	PART I. DEATH W	TH [Enter only one cause per line		- 10			ONSET AND DEATH
		MEDIATE CAUSE (a)	nte torona	tol I mich	thosis.		3 WKS
	* and	DUE TO	V 0.	•			41010
	Conditions, if any, w gave rise to immediate	which (b)	iteroceler	Romme			Je ares
	(e), stelling the under						9
	cause last,	GNIFICANT CONDITIONS CONTR	PHTING TO DEATH BUT NO	T DECATED TO THE TES	MINIAL DISEASE CON	DIT.ON G.VEN IN BART 1	I WAS ALITORSY
	PART II, OTHER SIC	MINICANI CONDITIONS CONTA	BOTING TO DEATH BOT NO	I KELATED TO THE TEN	WHAL DISEASE CON	DITION OFFER IN FART I	PERFORMED
	E 20a, ACCIDENT WAS	HINDERLYING () 2DF DESCE	IBE HOW INJURY OCCURED	(fotor only to of lovery	n Part Lor Part J of 1	am 18 1	YES NO
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	BE HOW MONT OCCURE	(Englineral S. Infar)	1110001010101010101		
Ì	Y 2Dc. TIME OF INJURY		URY OCCURRED 200. PLA	CE OF INJURY (Home, ory, street, office bldg.,		own) (County	y) (State)
	Hour e.m.	While el work	Not While factors at work	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	21. I certify that	(I) (this hospital) attende	d the deceased from	2/18	., 19 to .	2/19 196	that (I) (we) la
	saw the deceased	1 / 14/				causes and on the	date stated abov
	22a SIGNATURE	0.8	1	ATTENDING		TAFF .	2/19/62SIGNE
	- Th	pof - (cours	W Cro	D. PHYS		HYS.	2/19/02
	NAME (Typa)	homas J. Solo	n	Chest	ertown, I	id.	
	23a. BURIAL, CREMATION,		3c. NAME OF CEMETERY		23d. LOCATIO	N (City, town or county)	(Stele)
	REMOVAL (Specify)	2-22-62	ARLINGTON	I CEMTY	DREX	EL HILL	17.
	24 FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	AA D		256. REGISTRAR'S SIG	GNATURE
	Thector n.	Kennedy	STILL POND,	/YID, DATE	FEB 21 '62	11.1 4 8 7	Trava

The retained by the hospital or attending physician.

**RECTOR: After this certificate has been signed by the attending physician and completely file, in by the funeral thould be defached for use as the burial-transit permit. Then please remove carbor papers. Particle and 2 should be defached for use as the burial-transit permit. Then please remove carbor papers. Particle and 2 should be defached for use as the burial remaining or removal, and in any event, within 72 hours are death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OF WEST AND SERVICE OF COUNTRIES OF COUNTRIES

100



114	DIMINIAN AND	AM	RYLAND STATE DE	PARTMENT O		ALTIMODE C	A STATE AND	
7	DIVISION OF	STATISTICAL RE	SEARCH AND RECORDS CERTIFICAT	E OF DEATI	4	ALTIMORE 1, A	O19	75
	PLACE OF DEATH	7334	Items 8 & 9	H lm C311 L	/16/62n	h	Pourdonn belon	, adminias
	e. COUNTY			e. STATE		b. COUNTY	in Kesidence beloi:	6 m@1((132(Q())
1/-	Ken'	autside corporete l'imits,	c. LENGTH OF STAY N 16	Md.		te I mits, write RURAL	ent	
	write RURAL end	(nwot testesn evig	1		•	o i milis, wi to Kokite	and give resion .	• **,
	Millington d. NAME OF HOSPITA		All of Life in hospital, give street address	Millington		1861	l e. IS	RESIDENCE
7			,					N A FARM?
3.	NAME OF	Ferst	Middla	Last	4. DATE	Month	10000	301
	DECEASED (Typa or print)	John	В.	Phillips	OF DEATH	February	23 1	962
5.	SEX			8. DATE OF BIRTH	1888 9. d	GE (In years FUNDE	RIYEAR I IF UND	ER 24 HRS.
Ma	le		DOWED D VORCED	September 1		2 73/rs. Months	Days Hours	Min.
104 do	a. USUAL OCCUPATION	ON (Giva kind of work ting life, aven if retired)	IDB. KIND OF BUSINESS OR INDUST	RY 11, BIRTHPLACE (Co		gn country) 12.	CITIZEN OF WHAT	COUNTRY
Tr	raveling Sa	lesman. Ret.	Tobacco	Md.		U.	S.A.	_
13.	. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME			
	Joseph Phil			Annie Kill	ip			
		R IN U.S. ARMED FORCES? resgivewerordatasofsarvic	16. SOCIAL SECURITY NO. 17.			Addrass		N.J.
_	No.	-		. Wm.Kline,	84 Crest	view Rd.Mo	untain L	
		WAS CAUSED BY:	carture (cr	Anlin			ONSET AN	
	11 !!	MMED.ATE CAUSE (e)					Ishan	_
	700	DUE TO	Chr. Carolio V	angular o	liseans		16 40	ers
	gave risa to immedia	ta cause		1000000				
	(e), stating the un-	derlying DUE TO						
Z		SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE CO	ND TION GIVEN IN P	ART 1(e) 19. WAS	AUTOPSY
ATION							YES T	FORMED?
CERTIFIC	2De. ACCIDENT WA	S UNDERLYING [200	DESCRIBE HOW INJURY OCCURE	D. (Enter natura of injury	in Pert I or Part II of	rtam 18)	1	
Œ	OR CONTRIBUTING F	MEDICAL EXAMINER)						
WEDICAL	20c. TIME OF INJUR	Y Month, Day, Year	2Dd. INJURY OCCURRED 2Da. PL WhilaNot Whila fe	ACE OF INJURY (Homa, fi	arm, 20f. (C'ty or	lown) (C	County)	(etst2)
WED	Hour e.m.	19	et work al work					
	21. I certify th	at (I) (this hospital)	attended the deceased from	har	, 194710	TKL 22	19, that (I)	(we) la
	saw the decease	ed alive on	1 2 219 6 2 and tha	it death occured at.	I.A.M. from t	he causes and o		
	22a, SIGNATURE	111111	1/1-	ATTENDING	MED.	STAFF	1. 2.3	ZE DATE
		MAHAN	ullon	M.D. PHYS.	DIRECTOR	PHYS.	74 2	167
1	22c. PHYSICIAN'S NAME (Typa)	HHAHAMI	LTON	12d. ADDRESS	te timer -	md		
£	- BUDIAL COSMATC	DN, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	, 23d, LOCATI	ON (City, lown or co	unty)	(Stelle)
23	REMOVAL (Spac by)	Feb. 25, 198				ngton, Keni		Md.
24	FUNERAY DIRECTOR	· // / 1 - /	ADDRESS /	/ 25e. I	REC'D BY REGISTRA	R 255. REGISTRAR	'S SIGNATURE	
	alwar	of Tillows	millington	met, DATE	FEB 2 8 '62	auchun.	S. Huna	
1-				4-1				

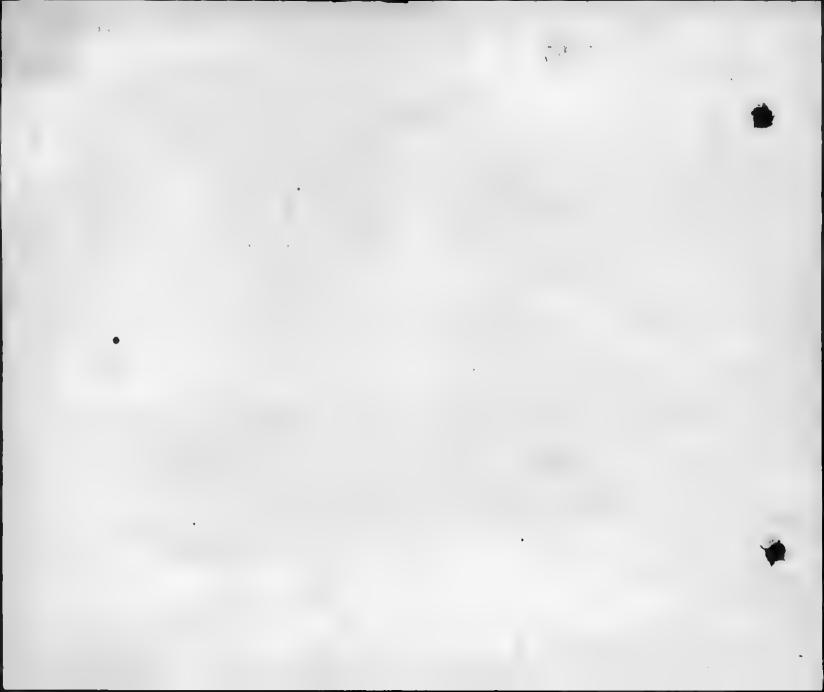


ON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If institutions Residence before admission) a. COUNTY **b.** COUNTY MARYLAND b. GITY OR TOWN (if outside corporate limits, It outside corporete limits, write RJRAL end give neerest town) c. LENGTH OF STAY IN 16 WIND RURAL and give heerest town m. IS RESIDENCE ON A FARM? YES NO 4. DATE Month DECEASED (Type or print) 5. SFX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 19. AGE (In years | IF UNIDER TYEAR IF UNDER last birthdey) Months I Days 1De. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY State, or foreign country) done during most of working life, even if retired) none 13. FATHER'S NAME Then please aftending WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) (dives give we ror detes of service) 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c,... ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 11/ QU IMMEDIATE CAUSE (a) DUE TO tost malure synchrone geve rise to immediate ceuse DUE TO (a), sleling the underlying PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO [2De ACCIDENT WAS UNDERLYING | | 2Db. DESCRIBE HOW NURY OCCURED. (Enter neture of in'ury in Pert I or Pert II of Item 18.)
OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 201, 1C'ly or lown) (County) (Stete) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., atc.) Not While While et work el work 21. I certify that (i) (this hospital) attended the deceased from... M, from the causes and on the date stated above.19 6.2 and that death occured at2 22b. DATE 220. SIGNATUR ATTENDING S GNED DIRECTOR PHYS. death. Page 4 22d, ADDRESS 230. BURIAL, CREMATION. OF CEMETERY OR CREMATORY Chester Chestertown, のきる 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) Chestertown, Md. 15M 9/60 ani of 3. Thomas



aftending physician

Then please

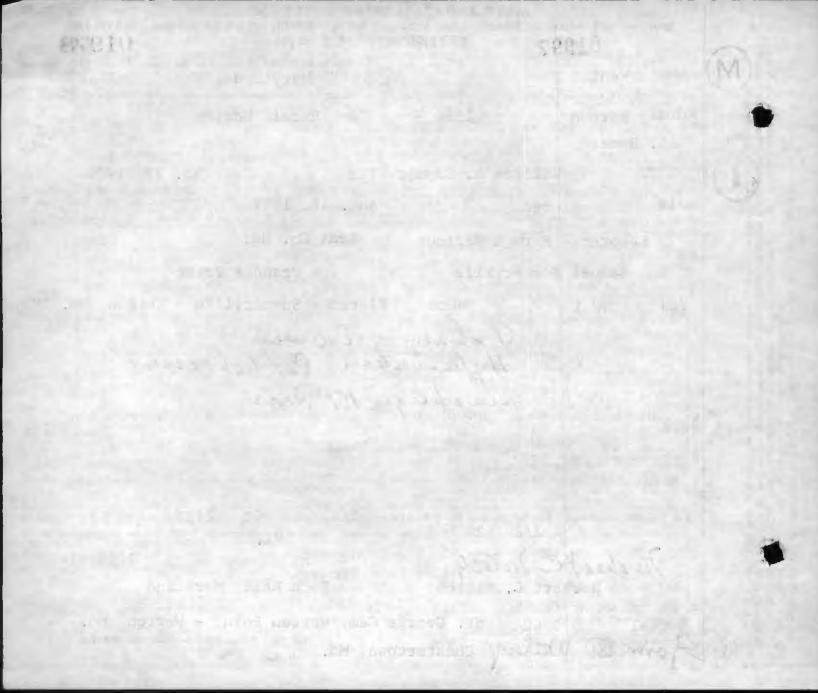


15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01997
CERTIFICATE OF DEATH
01978

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission)					
* COUNTY Kent MARYLAND	*. STATE Maryland b. COUNTY Kent					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, wrlla RURAL and give nearest lown)					
Rural Worton life	* Rural Worton					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
At. Home	YES NOW YES					
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year					
(Type or print) WIIIIam A. Sommervi	DEATH Feb. 27, 1962 19					
male	D. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Part Part					
DIVORCED 1	74 ya.					
106. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST! done during most of working life, even (Letited) Laborer - Farm & Various	11. BIRTHPLACE [County & State, or foreign country] 12. CITIZEN OF WHAT COUNTRY?					
Laborer - Farm & Various	Kent Co. Md. USA					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Samuel Sommerville	Frances Pratt					
(Yas, no, or unkown) (Ifyasgivewarordatasofsarvica)	lorence Sommerville - Worton, Md. RFD					
18. CAUSE OF DEATH [Enter only one cause per Ine for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) University	Colinia					
	2 1 /					
DUE TO Husbesting	ou Carden Vascular					
Conditions, if any, which (b) Hypertinteon Cardio Carcular						
gave risa to immediate cause (a), stating the underlying DUE TO	OLA 1.					
couse last.	to News					
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED?					
THE STATE OF THE S	YES NO					
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURENT COR CONTRIBUTING CAUSE OF DEATH UT IT EITHER, NOTIFY MEDICAL EXAMINER)). (Enter nature of injury In Part I or Part II of Itam 18.)					
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
	lory, strast, office bldg., stc.)					
21 1 contify that (i) (this hospital) attended the deceased from	2/25 1962 to 2/27 19					
	death occured at 4.4. M, from the causes and on the date stated above.					
	AT STE					
22a. MCNATURE ATTENDING MED. STAFF 2/28/62 22b. DATE SIGNED M.D. PHYS. XX DIRECTOR PHYS. 2/28/62						
22c. PHYSICIAN'S Norbert C. Nitsch	Rock Hall, Maryland					
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)					
	Cem. Worton Point - Worton, Md.					
TENERAL DIRECTOR'S SIGNATURE CHESTER CHESTER COM	n, Md. 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE					
	The party					



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01998 hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where dancesed lived, If Institution: Residence before admission) e. COUNTY b. COUNTY. a. STATE the 12 MARYLAND 73 b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give necrest town) write RWRAL end give nearest town) 24 within OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS Pag ON A FARM? YES NO completely NAME OF 4. DATE Month Dev DECEASED (Type or print) 19 carbon 6. COLOR OR RACE | 7. MARRIED [5. SEX AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. with NEVER MARRIED and lest birthday) Months WIDOWED DIVORCED Mrs. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12. CITIZEN OF done during most of working life, even if retired 13. FATHER'S NAME please attending 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) 514m moth 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN signed by ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if eny, which After this certificate has been (b) geve rise to immediate cause DUE TO (a), steting the underlying cause lest. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY hospital PERFORMED? SE 0 NO T esn prior 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20c. TIME OF INJURY Month, Dey, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, : 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While at work of work p.m. ECTOR: 21. | certify that (i) (this hospital) attended the deceased from 2 10 2 10 2 10 2 10 196.5 that (i) (we) last saw the deceased alive on. 22b. DATE 22a. SIGNATUR SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS. O HOSPITAL death. Page 4 22d. ADDRES 22c. PHYSICIAN'S NAME (Type) director, be filed 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY CEMT (Specify) TERTO WL CHESTER OL 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 3 '62 Other & House

